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APPLICANTS

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** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

EUROPEAN PATENT OFFICE (EPO) EP-02 019936.0 09/04/2002 *MW*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/>	Met after Allowance	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged		Examiner's Signature	2	20	1

ADDRESS

35023
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TITLE

Closure system for surgical ring

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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